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AUTHOR Iamson, Frank E.
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ABSTRACT

This paper develops the premise that there is today a new "child" in our culture developed in response to expectations of daily functioning, family relationships, societal status, economic level, medical illness, emotional needs, and financial management. This new "child" is a person who has usually passed the age of 65, and has found that the world no longer relates to him on an adult level. The purpose of the paper is to document the above premise and to suggest an alternative approach. In order to adequately do so, cases referred to the Social Services Department of the New England Memorial Hospital, Stoneham, Massachusetts, have been categorized on a random basis during the past year. The categorization has followed the areas detailed above. Of these an example has been chosen to illustrate the points made. Case studies, well disguised, are presented as an illustration of the topic area. Inherent in each of these case presentations is a clear indication of the methodical, often unconscious, way that the health and mental health professional and paraprofessional contribute to the process of turning a self-managing senior adult into a dependent and, often, neurotic "child." (Author)

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TITLE: The Geriatric Child in Today's Culture

BY: Frank E. Lamson, A.C.S.W.
Clinical Supervisor of Social Work
New England Memorial Hospital
Stoneham, Mass. 02180

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This paper develops the premise that there is today a new "child" in our culture developed in response to expectations of daily functioning, family relationships, societal status, economic level, medical illness, emotional needs and financial management. This new "child" is a man or woman who has usually passed the age of sixty-five; and, has found that the world no longer relates on an adult level. The purpose of the paper is to document the above premise and to suggest an alternative approach.

In order to adequately do so cases referred to the Social Service Department of the New England Memorial Hospital, Stoneham, Mass. have been categorized on a random basis during the past year. The categorization has followed the areas detailed above. Of these an example has been chosen to illustrate the points made. Case studies, well disguised are presented as an illustration of topic area. Inherent in each of these case presentations is a clear indication of the methodical, often unconscious way that the health and mental health professional and para professional contributes to the process of turning a self managing senior adult into a dependent and, often, neurotic "child". These societal factors which are self inhibiting are also amplified as they apply. The process illustrates that there is tremendous and constant pressure upon today's geriatric adult to accept as part of the "golden age" a complete or near complete loss of adult loss of adult independence and respect so precious to individual functioning.

The author has developed a set of proposals designed to steer away from this destructive process as possible alternatives to our present system. To summarize these proposals they may best be described as focussed basically in

two areas. For the individual involved, it may require a willingness to re-examine learned procedures of daily functioning; a developed readiness to re-examine family relationships; growth of an ability to redefine societal status and economic level; an attituditional change in attitude toward medical illness; a self analysis to rebalance emotional needs; or a readiness to try other methods of financial management than those previously used. Case examples illustrate these points. Most important, however, is the ability of the professional and para professional to enable this process to occur. The paper concludes with proposals found to be effective. These center around the unlearning of learned "givens" in the professional's and para professional's work system; the use of techniques and methods already used with younger clients; the adaptations of pace to chronological age; the use of socialization rather than therapy when indicated; the use of client recollection; the re-examination of ego and supportive assistance; and, above all, the firm approach of advocacy. Again case examples illustrate positive results. It is not the purpose of this paper to present a refined procedural plan; but, rather to clearly document a problem everyone in our culture is headed into someday; and, to suggest some guidelines of re-direction towards a meaningful resolution. It is the author's opinion that the proposals suggested will open the way to enable the "geriatric" child to become truly an adult senior citizen.

To document the process of infantilizing today's geriatric adult one has only to refer to those life styles they live. It does not pay to get old--especially in this country. While the nation has concerned itself with other problems older Americans seeking worthwhile lives have been losing ground on many fronts. A general breakdown of the American family has left millions of older citizens living alone miles from their nearest relatives in a youth oriented society that would rather forget them. They are expected to fend for

themselves without the vitality of youth. They are expected to function as they did years ago with less than half the vitality, family support, community involvement and economic resources then available to them.

George, age 82, served his country, raised a family, earned a good living, and asked little in return. Now, confined to bed due to the ravages of a war related injury he finds the Veterans Administration unsympathetic, his children located on another coast, his wife eeking out a bare existence on his pension too small to live on but too large to get supplementary help and the health world looking at him as a "stone" around its neck. The only way George finds he can help his wife or get help for himself is by being sick, dependent, and uncooperative. He, thus, adopts this as a life style and incorporates it into his personality. To get better would be to destroy the human contact he is getting and plunge himself and his wife into economic ruin. There are millions of "Georges" in our nation today.

Though much has been written about increased Social Security benefits, including increases of 77% over the last six years the hard reality is that these have kept the retired worker in the best of circumstances only four dollars above poverty level. The promise that steady work, payment of taxes and following the law would result in being cared for in old age has just not been fulfilled.

Far before the Medicare age older people find work is not available and a dependent role on Welfare is all that is open to them. Many proudly go through every economic resource before giving up.

Mr. Jones, age 59, came to work one day to find a young man at his desk. By noon he learned that his twenty-seven years with the company were over. During the next year he went through life savings, profit sharing and insurance funds before illness hit his wife. At sixty he faces a bleak future as a beaten man. The years ahead contain years of public support, rejection by

friends, internal turmoil, inpatience by children who reject his dependency and the demands of an ill dependent wife. After wading through paper work he finds help one to six months away. The anguish therein produced causes a stroke which further impairs his independence. Following a series of these Mr. Jones is laid to rest. His struggle is over but transferred to his wife. Mrs. Jones learns to accept her role of family "spare tire" and babysitter and another "child" is born age sixty with a long and dependent future.

So it goes on and on. Virtually all those collecting Social Security benefits have found them wiped out by inflation. Much is made of monies provided by the government but 90% of it comes from monies paid in by them during their working years. The rest is a new willingness of the government to help the elderly. To get the help through one has to reduce himself to poverty or learn to lie and cheat. Closely affiliated with the dependency of economic level is the fear of medical illness.

Health care for the nation's elderly has always been inadequate despite all of the proposals set up to help. The elderly person finds that his faith in Medicare, Medex, and the countless other systems are not true during his first serious illness. More and more of his meager support check goes to fill the cost of areas excluded from coverage. He has no coverage for eye glasses, dental expenses, drugs, hearing aids, and other needs common to the elderly. As his Social Security increases so does the cost of insurance and the amounts needed beyond their coverage. The system is designed to funnel him into a nursing home and bleed his savings or force a dependent state supported role. They receive little sympathy often from family who do not have resources to help or feel their own will be drawn into the medical pot. Health professionals, including doctors are often ignorant of services available and so give inaccurate and costly advice. Thus, when an American grows old and faces a society that considers him useless he will probably have to take the pressures of this final

segregation without adequate professional help. A case illustration perhaps best describes the above.

Amelia, age 82, was back in the hospital due to sores on her stump. She had had an amputation due to a staff infection she picked up while a patient in another hospital. After a brief time she had been fitted with an artificial leg and transferred to a nursing home to learn to walk. No one had advised her of her rights so she paid the costly bill for an injury that negligence by hospital employees caused. Her physician gave bad advice so she found the nursing home was costing her $1500 per month. Her savings were diminishing. Her daughter paid little attention forcing her mother to return home as a homebound invalid paying for services later found to have been available. To protect herself she invested in fourteen insurance plans. No one told her that each of these excluded the other. A fall resulted in re-hospitalization. With savings gone, confused, and beaten she was forced to apply for Welfare. At this point she gave up and spent the next year in a downhill spiral to dependency. As confusion developed her family took over ownership of her home, became her guardian and sold the home. The money was kept by family members as "that is the way she would have wanted it". A final stay in a public supported nursing home completed the cycle of senility and death at 85. A life crowned with devotion to family, community and friends had in three years been reduced to a depressing dependent shambles. This poor woman fell between the cracks in our health resource system and cultural attitudes. This story, though seeming extreme, is repeated a thousand times daily from coast to coast.

And what of housing the elderly? To house on comfortable incomes this period can be a real "golden age". But to the rest majority it is the choice between the "older child" or "servant" category of living with relatives; the degradation of independent substandard housing; the choice of housing over

food; or the total dependency of the worst demon of the elderly..."the Nursing Home". In 1971 the White House Conference on Aging stressed an urgent need for housing units for the elderly. Since then the results are far short of needs. It is estimated that four million elderly live in substandard housing. Some move in with relatives and turn funds over to children. For many this results in a life of dependency as a little desired intruder. For others it is a brief stop en route to a nursing home.

Still others live in a cheap rooming house or apartment where slum landlords bleed them dry. Many are afraid to complain about the exploitive practises of their landlords for fear of losing the only place they have to live. Still others live on in poverty in their own home where rising property taxes force the abandonment of upkeep or even of food. For more and more it means the specter of the nursing home. There are, of course, excellent homes. Again, however, the majority provide food to eat, a place to sleep and endless boredom. Enough has been written about these that repitition here will serve no purpose. Again an example will serve best. The case of Mary best illustrates the process.

Mary, age 69, lived in a southern state far from family. She became confused over a period of time. Friends finally called her son who brought her home and had her placed in the hospital. While there he had his lawyer sell her home and had her place all her funds in a joint account. Once done he placed her in a private Nursing Home to complete her recovery and became her guardian. In order to secure Medicaid he put the money into an account in his own name. The home suddenly found her too ill to remain in the home. He took her home and shortly thereafter again hospitalized her. She is now in the hospital waiting placement in a publicly supported nursing home. She has become a non-person. Hundreds of nursing home residents across the country spend their

last days wasted in empty rooms in such homes crowded together. Their only real friends are the soap box opera characters on their television screens. They sit, they sleep or eat. There are few diversions to their daily habits. There are no new horizons for them. As is pointed out by Claire Townsend in "Old Age: The Last Segregation"--"Twenty million Americans, 10% of the population, are over sixty-five years old. Within a hyperbolic youth oriented society and economy, these citizens are being increasingly "structured" out of their just share of material, psychological, and social benefits". For them independence is gone. They have become "geriatric children" in our society.

There are, however, some attempts to reverse this process. These are scattered, disorganized, and poorly funded in most cases. The remainder of this paper will focus around these in an attempt to suggest avenues of redirection. Though these are not, as stated above, discussed as a refined procedural plan, it is the authors hope they will provide meaningful guidelines.

The problems faced by today's elderly soon force them to become dependent geriatric children. There are, however, programs developing in pockets in our culture which if organized into a system could reverse the described trend. As stated earlier, this will require an evaluation of present systems by today's elderly and professional alike. The elderly will need to reexamine family relationships, develop an ability to redefine social and economic status, change attitudes to medical illness, reconstruct emotional needs and redefine financial procedures. The professional and para professional will need to unlearn learned givens, the adaptations of methods used by younger clients, the alignment of pace to age, the use of socialization rather than therapy when indicated and the use of advocacy. There are ten basic points that will serve as a focal system for discussion. There will be a case example to illustrate each of them. First and perhaps most important is the use of information, referral

and outreach services. Many of the elderly do not tune in easily to our modern communication systems. The use of outreach workers or "friendly visitors" appears to be the best form of getting data to the group. There is nothing that can equal the patient face to face exploration between the client and worker. Printed forms are confusing to younger citizens used to a world filled with forms and directions. Theirs, the Senior Citizen, was a world where forms were minimal, where one's word was his bond, where the only real forms were birth certificate, marriage liscense and death certificate. Some communities have begun through their Councils on Aging to employ people in the manner described above. They find, going from house to house that people are not aware of new laws, benefits and services available.

Mrs. Jones, age 86, lives on the first floor of her family home. It is a rambling eleven room house. She and her sister share a bedroom on the first floor once used as a reception room. The top two floors are musty from misuse and lack of care. Perhaps twice a year they journey upstairs. The taxes are high on such a large home. Boys cut the grass and shovel the snow. Each depends upon a small pension and social security. Both are in poor health. They have nearly agreed to close their home and go to a nursing home when a "friendly visitor" calls. She tells them of housing for the elderly, S.S.I., V.N.A. and the Home Health Aide Service. By the end of a month they are relocated in an apartment for the elderly and on the varied services available. Each can lead an independent productive life for years to come. Had the "visitor" not arrived they might have both gone to a nursing home and spent their last days in total dependency.

A second area that should be looked at is transportation. Due to decreasing skills and rising costs the elderly become dependent upon family or friends to transport them. If they drive they take their lives in their hands each time.

Age brings on slower reaction times and accidents. There has developed in many communities a transport system by small bus for service only to the elderly. By running a spelled out route, senior citizens can get to and from shopping centers, down town or civic activities in a manner appropriate to their age. Frills are not needed nor are spelled out forms. Important in the circuit driven are connector points to the regular bus lines. If there was a national pass system in relation to age our elderly could be mobile on their own and not accept the dependency of family and friends.

There are certain tasks the elderly cannot perform dependent upon their state of physical ability. John, age 81, had been able all his life to take care of his needs. Now in the twilight of life John found he could not get in and out of the bathtub. A proud man, he hid this from family until they became aware that he was not cleaning himself. He also found that eating by himself was depressing and so began to skip meals and eat lightly when he did. Friends and family began to advise John to become a patient in a local nursing home. Just before giving in John heard about the local homemaker service. They also had a chore service. Through their help, John was able to get a person in thrice weekly who helped him with his bath and prepared dishes for him. This bit of help gave John the spark he needed. He was able to again continue to lead an independent life. The chore service would be a new service to help the elderly with seasonal things such as putting up or removing screens or storm windows, some Spring and Fall cleaning, heavy cleaning of household interior and other like services. This would be concrete service to the elderly and could almost be able to be performed on a kind of rotating periodic service. It is the neglect of years which today's elderly too often leave behind when they pass on or go into a home. If this neglect were caught in the bud through a chore service the elderly could be in a better position to live independently.

Telephone reassurance and personal contact service is a means of keeping our senior citizen an independent fully functioning person. Mary, age 92, found herself the near sole survivor of her family except for some distant cousins or nieces. She began to talk to herself and to imagine all kinds of terrible things happening. She was ready to give up when a phone call interrupted her thoughts. It was a pleasant voice which asked her how she was and what she was doing. The conversation lasted but a few minutes, however, it was enough for Mary. She daily waited for the call and the weekly visit by her friendly visitor. Knowing that someone cared and was going to check on her daily got her independent spirits going again. She lived several more productive years without needing to feel like a second spare tire in a world of cars. If such a network existed on a continental scale the elderly could be aided to remain independent for a longer period of time and also keep their self respect.

A fifth important area is an area of health education and referral. Many of our elderly are not aware of the advances in modern medicine. They also do not know where to go for the services they need. As a result they tend to put off getting the help they need until their condition is beyond help. Mr. Green, age 86, had suffered over the years from leg ulcers. These he tended to wrap with cotton strips and ignore them. These became worse as time went by. Instead of seeking help he continued to take care of them himself in fear that if his family found out they would force him into a nursing home. One day he wandered into our social service center and showed us his legs. Quickly we got him into the hospital and into a period of rehabilitation. With proper health education, Mr. Green was able to return to his home and return to a productive life. A network of health education programs would provide the elderly like Mr. Green with the kind of data they need to maintain their health.

A sixth service that has begun to be provided in communities on a scattered basis is the provision of social group services. Young professionals are often out of step with the group needs of the elderly. Theirs was a world of group activity in veterans, civic and fraternal organizations. These were the marks of social and cultural standing years ago. It was also the era when such things as quilting bees, cooperative work projects and group picnics. Mrs. Breed, age 72, had long since stopped going to lodge events as stairs were hard for her. She found that friends, in the same situation began to slowly live a hermit like life dependent upon the visits of family. As she spent more and more time alone she began to live more and more back in time. This was interrupted by a number of the services mentioned. She began to travel by bus to some activities, received help of a home health aide, took advantage of educational programs and began to get back into the main stream of life. If more of these services existed fewer of the elderly would have to give up their independent life style.

A type of service not often seen in communities is a geriatric employment and volunteer service exchange. Our culture is so focussed upon the need for leisure time on the part of our elderly that they would literally in some areas sit while someone reads the phone book to them. Many wish to do some productive work on a part time basis; and, a few desire to work. If unable to work for pay due to health or economic reasons many elderly find reward in doing some volunteer work. Often these are skills which led them into very successful careers. Mr. Winter and his friend Mr. Black had both enjoyed careers in the United States Post Office. Now retired, they found that being around the house all of the time became nearly unbearable. Their wives were also having a hard time with their husbands. This led to bickering and many unpleasant hours. When the council for the elderly had established a job and volunteer bank, both men began to do volunteer work at our hospital. In the months that have

followed each worked part of the work week as orderlies doing patient transfers from floor to treatment areas. The work restored their faith in themselves and heightened their independence. If this type of service were available to more of the elderly fewer would be accepting the dependent role of a "spare time".

Of prime importance is the slowly growing day care programs for the elderly. This type of program includes all types of care from physical therapy, occupational therapy, total care of body functioning to physical and emotional activity. Many of the elderly are moved into totally dependent roles in nursing homes because this service is not available. When it is the results that are just amazing. Mary, age 78, has lived at her son's home. She is transported daily by him to the day care center. There she attempts to overcome the lasting affects of a severe stroke she had last year. She daily is able to make use of the most modern physical therapy devices and take part in the Occupational Therapy Room. At night she is taken home by her son to be with the family. The art of getting out enables her to maintain that part of independence left to her. These programs, I feel, may be the answer to today's shuffle from nursing home, to hospital, to nursing home and back again. There should be a chain of these from coast to coast to get the elderly involved in the world.

Each community also needs an "Ombudsman". This person would be available to any elderly member of the community regarding any question. Mr. Hans, age 92, was able to avoid growing up due to getting on S.S.I. With the help of our Social Service Department he was able to get his car in Canada re-registered in order that he be able to drive it back in the Fall. Mr. Hans was ready to give up last time he was in the hospital. By means of an aggressive program of looking at all of his needs he has been able to remain independent.

Lastly, the use of communities for the elderly would appear to be the answer to a great many of our elderly living alone in empty large homes. There are more and more homes in which three to six or seven older citizens live a

kind of communal life. They live together each doing the part of household work they still can manage. Often each has lost a mate and prior to communal life lives alone. They are nearly humorous in their quickness to reassure people that theirs is a proper relationship. They do often face criticism of children and some friends who feel they are living in sin. It is my feeling that this style of living will become more and more put into use. Through it one adult who cannot alone care for a house can be a member of a team doing it.

Here, then, are some new approaches to the problems of the elderly. As stated above these will require a redefinition of role by the professional, para professional and senior citizen. I have purposely omitted a discussion of nursing homes, home care programs, etc. as I do not see these as part of the independent life of the future. I do feel that as the listed programs grow and are added to today's geriatric child, they will become the senior adult citizens of the future. I have not attempted to develop a refined plan, but, rather, to present some ideas to build upon. Each of us has a cultural and personal responsibility to look carefully at them. It is within them that we will function, regardless of age, as a child or an adult.

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